

03500.015319



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: D. Singh
NOBUO TSUCHIYA)
: Group Art Unit: 2633
Application No.: 09/839,140)
:
Filed: April 23, 2001)
:
For: OPTICAL SIGNAL RECEIVER)
AND OPTICAL SPACE)
TRANSMISSION SYSTEM) October 6, 2004

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OCT 08 2004
Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action mailed July 13, 2004, the Examiner is respectfully requested to consider and enter the following amendments.



In re Application of:

NOBUO TSUCHIYA

Application No.: 09/839,140

Filed: April 23, 2001

For: OPTICAL SIGNAL RECEIVER AND
OPTICAL SPACE TRANSMISSION
SYSTEM

Docket No. 03500.015319

Examiner: D. Singh

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THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58	MINUS	58	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$44 \$88	0.00
Fee for Multiple Dependent claims \$150°/\$300						0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

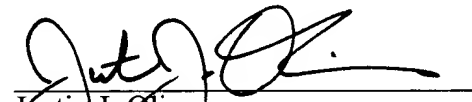
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Justin J. Oliver
Attorney for Applicant
Registration No.: 44,986

FITZPATRICK, CELLA, HARPER & SCINTO
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JJO/ctmm

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